INTRODUCTION

The state of Washington Mental Health Transformation Project (MHTP) team is pleased to submit the 2006 Comprehensive Mental Health Plan (CMHP). This plan represents the tireless work of hundreds of individuals – youth and adult consumers, family members, local and state agency staff, public and private service providers, researchers, law enforcement, and others – who have given of their considerable talents, time and insights over the past year.

BACKGROUND

While the consumer movement that ultimately lead to Washington State's transformation activities is decades old, the transformation grant process is the direct result of the President's New Freedom Commission. In April, 2002, President Bush signed Executive Order 13263 establishing the New Freedom Commission on Mental Health to study problems and gaps in the mental health system and make concrete recommendations that federal, state, and local government, as well as public and private health care providers could implement. In July, 2003, the NFC issued its report *Achieving the Promise: Transforming Mental Health Care in America*.

Washington's transformation grant was awarded in October, 2005. The grant calls for transformation to occur over the next four years.

Much of the past year has been devoted to developing a shared understanding and common agenda for transformation. It is our vision that all people in the state of Washington who experience mental health challenges will lead happy productive and fulfilling lives, free of stigma, in a safe and least restrictive environment. We have engaged in a broad public process to develop a roadmap for achieving this vision. We are ready for change.

HISTORY OF MENTAL HEALTH POLICY IN WASHINGTON: What has led to our readiness to change?

The overriding mental health policy issue since the mid-1980s has been the escalation of health care costs, which led to the transition from block grant and fee-for-service payment models for funding mental health care delivery to managed care strategies. Rapid growth in the mental health system prompted concerns that the system was fragmented and not expanding in a coordinated, responsive manner. To address the issue of

fragmentation, the legislature passed the Mental Health Reform Act in 1989. This act created county-based Regional Support Networks (RSNs) to design and administer local mental health services to meet the unique needs of people with mental disorders. Although the RSNs addressed the issue of coordination of outpatient and state hospital care, until 1993 they did not have the tools to manage care and to control the escalating costs of the Medicaid program.

Washington has moved progressively closer to a managed care model with the implementation of outpatient managed health care services for people covered by Medicaid under a federal waiver in 1995. Under this approach, Washington State purchases outpatient services through capitated payments to the RSNs and RSNs operate prepaid inpatient health plans by assuming financial risk to provide all medically necessary outpatient community mental health rehabilitation services to people in their geographic region.

In this system, RSNs serve as system integrators and primary purchasers of services in a comprehensive managed mental health care plan – they oversee every aspect of the mental health care being provided for participants and their families in their respective regions. The Mental Health Division (MHD) of the state's Department of Social and Health Services (DSHS) contracts with RSNs to ensure these services are available to residents of the region, using a combination of Medicaid, legislatively allocated state dollars, and federal block grant funds. RSNs, in turn purchase specific services directly from local providers, such as community mental health centers. Prior to the creation of RSNs, the state purchased a variety of services from a wide range of provider organizations, many of which have historically worked independent of each other and of the state.

In addition, RSNs (contracted through the MHD) have a statutory responsibility to serve the most severely disabled. As a result, mental health agencies at times must purchase mental health services outside the RSNs when the consumer needing services does not meet the threshold of disability required to receive them.

Today, Washington State's mental health system has the responsibility to serve different populations at different levels of service. Eligibility for services and the mix of services available varies depending on which state agency is funding the services. State residents eligible for Medicaid benefits must be provided medically necessary mental health services. Other people with serious mental illness are provided services as non-Medicaid resources allow.

Throughout this modern period of reform, a number of issues have caused the public mental health system to reach the point of crisis. These include:

- A lack of consistent, strong leadership at the state and local levels;
- Inadequate oversight of contracts at all levels, resulting in poor accountability;
- A lack of clarity from the federal government regarding Mediciad rules.
- Inadequate strategic planning that coordinates with key stakeholders such as local government, providers, consumers/families, research community, and allied fields.
- Limited cross-system planning among state agencies.

These issues have led to a fragmented system with credibility problems among the very stakeholders that must partner for the system to be effective. Compounding this problem, significant budget shortfalls and financial crises occurred, owing in large part to the state's recent history of heavy reliance on Medicaid funds to finance public mental health care, and state level interpretation of Medicaid funding policies that conflicted with federal interpretations. This period was marked by a growing distrust among stakeholders, and a general lack of confidence that the state's primary agency for mental health services, on its own, or the RSNs themselves, could solve these problems.

RECENT DEVELOPMENTS: The Joint Legislative and Executive Task Force on Mental Health Services and Financing

The Joint Legislative and Executive Task Force on Mental Health Services and Financing (the task force) was established during the 2004 Legislative session in order to carefully examine these issues affecting the delivery of public mental health services. The task force began their meetings in June 2004. At the last meeting of the task force prior to the 2005 legislative session, final findings and recommendations were offered. During the 2005 regular legislative session, the task force's recommendations helped shape legislation that addressed many of the issues brought before the task force.

Engrossed Second Substitute House Bill (E2SHB) 1290: Restructuring of the RSNs and New Procurement Processes

With the passage of E2SHB 1290, the legislature wanted to strengthen the public mental health system so that people experiencing mental illness receive treatment and support services focused on resilience and recovery, ideally within their own communities. The legislation is a move toward a statewide system that supports consumers to be able to live, work, learn, and participate fully in their own recovery from mental illness.

E2SHB 1290 promotes public policy that focuses on mental health treatments and services that are evidence and research-based (meaning they are programs or practices that have demonstrated results in clinical trials or have some research demonstrating effectiveness but do not yet meet the standards of evidence-based practices [EBPs].) The legislation also aims to ensure public mental health services are delivered efficiently, effectively, and consistently across the state. Coordination of services is emphasized and includes state agencies outside of DSHS. Such coordination will also, to the maximum extent possible, include consumers/youth/ families and advocates of persons with mental illness.

The task force also directed DSHS to pursue the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Transformation Grant. The collaboration between the legislative and executive branches on this task force ultimately resulted in Governor Gregoire establishing the Partnerships for Recovery and Resiliency Initiative.

Engrossed Second Substitute Senate Bill (E2SSB) 5763: Omnibus Substance Abuse and Mental Disorder Treatment Act

Also enacted in the 2005 Legislative Session, E2SSB 5763 integrated treatment of co-occurring mental and substance disorders to achieve successful outcomes and recovery through a series of changes to previous mental health and substance abuse screening and treatment policies and practices. The legislation also authorized pilot projects to test changes to the chemical dependency and mental health involuntary treatment laws, in hopes of better channeling appropriate referrals into each system of care.

One unique aspect of this legislation is that it grants county governments authority to add one tenth of one percent to the sales tax. The revenues from this additional tax can be used to fund mental health, substance abuse, and therapeutic courts. Thus far, four counties have adopted this tax.

TRANSFORMING WASHINGTON'S MENTAL HEALTH SYSTEM

The foundational component of the Partnerships for Recovery initiative is the Mental Health Transformation Project (MHTP), funded through the SAMHSA Transformation Grant. Using the six goals outlined in the President's New Freedom Commission final report as a blueprint, the Governor's MHTP proposal was designed to transform the state's mental health system to a more responsive network of integrated, effective services. The successful proposal was submitted in June of 2005, and Washington State received a Notice of Grant Award in October 2005.

A condition for all the states receiving SAMHSA Mental Health Transformation Grants is that the Governor's Office in each of these seven states directs Transformation activities through a high-level Transformation Work Group. Washington State's Governor Gregoire is leading the *Partnerships for Recovery and Resiliency Initiative* with the full support and participation of the director of every department and division serving people with mental illness in the state of Washington. With consumers and family members as equal partners, the partnership has launched a deep transformation effort to achieve the goals of the President's New Freedom Commission for all people in the state of Washington.

The Transformation Process relies on broad

The Transformation effort relies on the participation of consumers and families, including their

participation from the entire mental health community, particularly consumers and family members

membership in Transformation Work Group (TWG), in outreach, education and training, policy formation, evaluation and public education campaigns. This approach of bringing consumers and families into the transformation effort as full partners ensures the transformation process will result in a comprehensive, culturally competent, fully integrated, consumer- and family-centered system committed to continuous improvement.

Washington's MHTP has been built on the foundation of the President's New Freedom Commission Report. However, what is emerging in Washington State is unique to the needs of the consumers and families of Washington. The MHTP is building the infrastructure to support an on-going process of planning, action, learning and innovation that will result in measurable improvements in the lives of both young and old throughout the State.

The Transformation Work Group

Governor Gregoire appointed the Transformation Work Group (TWG) to carry out the work of the MHTP. The director of every state agency and division serving people with mental illness in the state of Washington is an active participant in the project. With consumers and family members as equal partners, the TWG has launched a deep transformation effort to achieve the goals of the transformation grant. The TWG is assisted in its work by 11 project staff, and a variety of supporting committees.

The senior executive-level TWG provides on-going oversight and direction to the Transformation Project, and is charged with implementing the transformation effort. The 32-member TWG includes state agency directors, adult and youth consumers, and family members and representatives of local government and private sector mental health providers and advocates.

The TWG was charged with developing the Comprehensive Mental Health Plan (CMHP). To accomplish this, the TWG established an ambitious Year 1 work plan. (Exhibit 1 provides a graphic overview of the TWG's Transformation Process during Year 1 of the MHTP.) The TWG first identified seven areas for analysis, focusing on target populations.

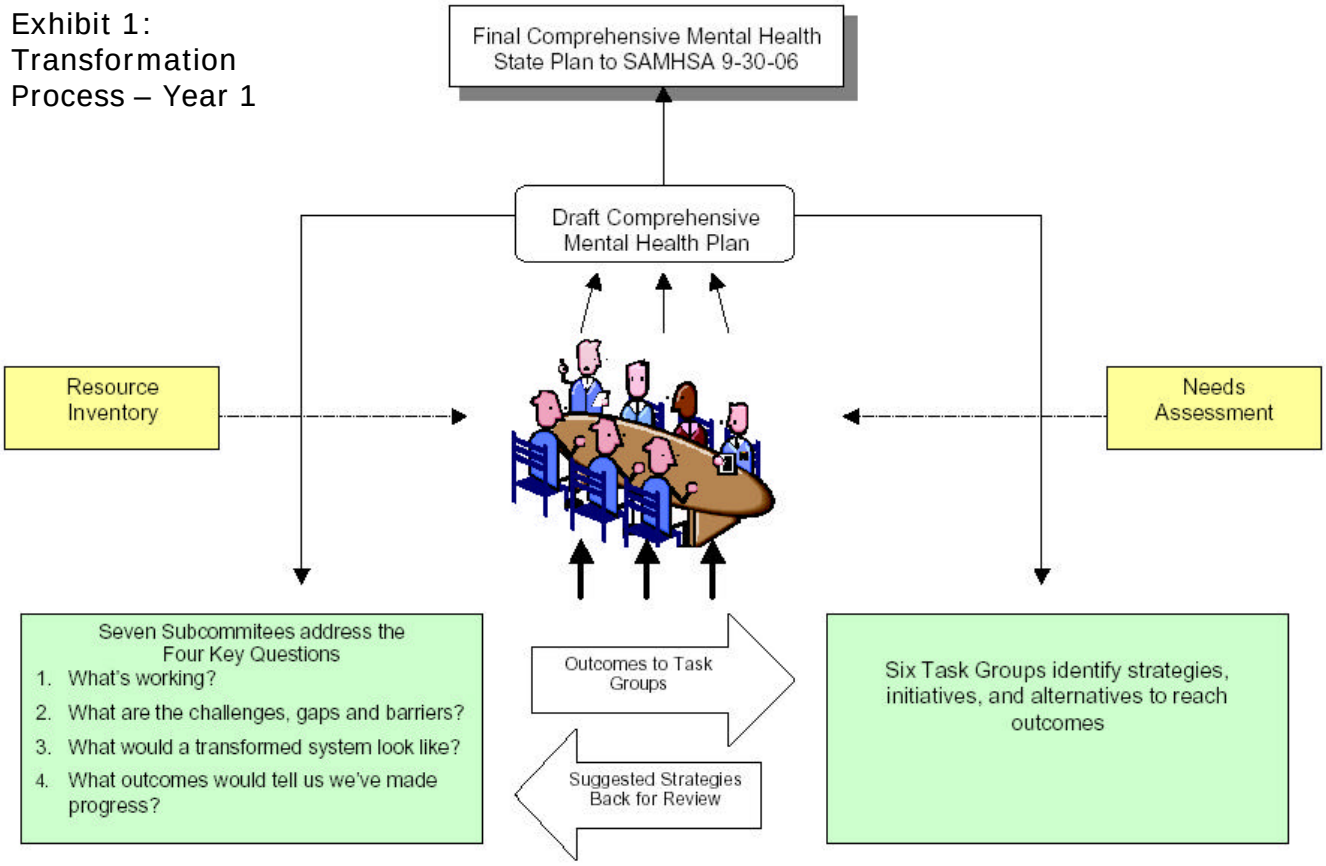
1. Children/Youth and Parents/Families
2. Adult Consumers and Families
3. Older Adult Consumers and Families
4. Youth Transitioning into Adulthood
5. Homeless Population
6. Criminal Justice-Juveniles and Adults
7. Co-Occurring Disorders (Dual Diagnoses)

Consumers, Family Members, Agency Staff, Public and Private Service Providers have all participated in creating the vision of a transformed mental health system

Subcommittees were established to examine each of these areas and to define desired outcomes for each population set. To ensure the subcommittees remained focused on envisioning a consumer-driven system, each subcommittee was comprised of at least 51% consumers and/or family members. Each subcommittee took public testimony from interested parties around the state to seek feedback on ***what a transformed system should look like.*** Testimony came in a variety of formats, including public forums, surveys, informal emails, etc***.*** Respondents were asked to address the following four questions:

- Within Washington State, and for all mental health services, public or private, what is working well when addressing the needs of the Subcommittee's target population?
- Within Washington State, and for all mental health services, public or private, what is NOT working, creates barriers or fails to provide quality service and support when addressing the needs of the subcommittee's target population?
- Related to the subcommittee target population, what would a "transformed" mental health system look like?
- What outcomes would indicate that the changes in the mental health service systems are creating improved results for consumers?

Exhibit 1: Transformation Process – Year 1



Transformation Process in Year One of Implementation

Relationship of Subcommittees to Task Groups, TWG and the Comprehensive State Plan

Each subcommittee met at least three times around the state, holding public forums and taking testimony from consumers, their families, local providers and other stakeholders. In total, over 40 public input sessions and RSN-sponsored listening sessions were held over a 55-day period. These forums focused on the four questions listed above and the feedback was compelling. Transcripts from each of these input sessions can be found at the MHTP website (www.mhtransformation.wa.gov). The public input and listening sessions produced over 6,000 pages of transcripts. Researchers and analysts from the University of Washington conducted a thematic analysis on these documents. Summaries of those analyses are provided in Appendix 1.

Following the public input sessions, the subcommittees had the difficult tasks of distilling the wealth of information received, and identifying the top three to five critical outcomes within their subject area. In total, the subcommittees recommended 27 key outcomes for further exploration and development. These recommended outcomes are described in more detail in the following sections, grouped by the relevant Presidential Goal. The subcommittees' recommended outcomes were adopted by the TWG without modification.

PRIORITY OUTCOMES:

Criminal Justice

1. Decreased number of people with mental illness from entering into the criminal justice system.
2. Increased access to mental health and substance abuse services for those within the criminal justice system.
3. Decreased number of people with mental health illness re-entering the criminal justice system.

Co-Occurring Disorders

4. Consumers will have access to appropriate, quality treatment regardless of barriers and/or resources.
   - Services will be specific to the individual's needs.
   - There will be access to sufficient treatment providers who trained and retained.
5. Affected parties are informed, educated and knowledgeable about co-occurring disorders and the recovery culture, principles and philosophy.
   - Peer-to-peer support is available to all who want it.
   - Communication between and among the parties is critical to making this successful.
   - Law enforcement officers receive crisis intervention training to deal with co-occurring disorders.
6. Increased system collaboration and service integration is prevalent across all allied systems and services.
   - Reduction in silos across system boundaries
   - Increased holistic services
   - Increased cross-system treatment
7. Service delivery is consumer driven and recovery focused.

   There are options available outside of the current standard options such as homeopathic services.

Youth in Transition

8. Consumers and family members have choices, utilize self-directed care and are sponsors, mentors and guides (i.e. peer-to-peer support). Services and supports are tailored to their cultural, community and individual needs.
9. a) Seamless, holistic care to include mental health, physical health and dental integrated for all youth 13 – 24 that provides for access on demand and includes early identification, intervention, housing, benefits and transition to adulthood. Systems use practices that have been known to work.
9. b) Reduce stigma through on-going education and training about recovery and resiliency developed by consumers and family members.
10. Consistent access to quality services and

supports available regardless of location or funding sources.

11. Consistent access to quality services and supports available regardless of location or funding sources.

Adult Consumers and Families

12. Funding is attached to the consumer, allowing the consumer, with the assistance of a recovery coach, to select and self-direct services they believe will assist them in their recovery process and to purchase these services directly. All consumers will have a choice of services in which they can become engaged that include at a minimum:
    - Consumer-run services of various types
    - Individual therapy with a qualified therapist
    - Clubhouse services
    - Case management services
13. State regulations will be modified to allow consumer-run entities that are independent of the community mental health agencies to provide Medicaid-eligible consumer-run services.
    - Within five years, these services will represent 25% of all mental health services in Washington State, and
    - Within five years, 20% of adult consumers are employed as service providers in traditional mental health agencies and/or in the new consumer-run entities.
14. Everyone working in the mental health system is trained and certified in psychiatric rehabilitation through college programs specially designed to provide such training. All recipients of services are also trained in psychiatric rehabilitation.
15. The ombuds system is independent of the mental health system (MHD, RSNs, and provider agencies).
16. Consumers have access to evidence-based vocational rehabilitation services on demand that include high quality supported employment based on national standards. These programs work collaboratively with DVR to ensure employment for as many consumers as possible.

Older Adult Consumers

17. Older Adults will have improved and consistent access to appropriate mental health services, including outreach to place of residence.
18. Mental Health services for Older Adults will be provided and funded in an integrated holistic model of care including mental health, medical, substance abuse, social services and spiritual.
19. There will be an increased number of service providing individuals with professional experience in mental health and aging.
20. Appropriate mental health services for older adults are coordinated across all systems of care at state, regional and local levels.

Homeless

21. Housing will be available immediately upon need for individuals/families.
22. Services are available immediately, regardless of the financial or categorical status of the individual or family, while other benefits and services are being applied for.
23. Continuation of services after a person has passed the crisis or transitional point (to avoid services and/or housing ending after a person is stable, decompensating back into homelessness).

Children/Youth and Parents/Families

24. Greater availability of state-only funds.

    This would require a decrease in requirements around State-only funds and an increase in the flexible use of these funds. With that in place we would purchase with:

    – State-only funds for parent organizations, mentorships.

    – State-only funds to serve those who are not in the country legally, non-Medicaid children/youth and families.

    – State-only funds to serve working poor and people who have exhausted their insurance benefits.

25. Youth and family support (this includes any caregiver family including foster, adoptive and kinship families).

    – Increased parent and youth organizations, support groups, peer support and parent partners. Partnership involvement needs to be

visible at all levels where youth and parents are always at the table; this includes parent/youth participation in client driven/directed services.

26. Training and Education.

- This is inclusive of partnerships that would include parents/youth and professionals as trainers, who are responsive to cultural diversity, which goes beyond linguistics and ethnicity.
- Trainings would include a basic level of information regarding mental illness and strategies and interventions about how to deal with issues as they surface.
- Trainings would be targeted towards teachers, in an effort to help stabilize children and youth experiencing mental illness in the school environment. Trainings for parents, kinship caregivers, adoptive parents and foster parents would include behavioral intervention and crisis management skills. Other professionals also need to be trained and all trainings need to start early and include Birth to Three issues.

27. A system that is more proactive than reactive.

Serve the WHOLE family with a full continuum of community based services, starting with prevention and early intervention. Services would be available for parents/caregivers when the child is in an out of home placement even though the parent may have lost their Medicaid coupon. There would be a wide range of available individualized services in the community that are supportive to families so they can keep their child at home and not give up custody so their child can get services.

Additional services in the continuum would include respite, wraparound services, day treatment, and evidenced based programs. It would build on family strengths and resiliencies and support parent partnering, and is well coordinated (seamless) among the systems. Services would be available to be delivered in the family home or other community locations or

family preferences.

- Revisit the Access to Care standards and open the door to access.
- Decrease in families seeking voluntary placement agreements.
- Increase in mental health treatment and community supports for parents/caregivers and their children to keep children in their homes or successfully return children to home after an out of home placement (Juvenile Rehabilitation Administration, Children's Long-Term Inpatient Program, Children's Administration are a few examples where children may be returning from)
- Increase in community services and supports for families. This includes respite, wraparound services, day treatment and evidenced based practices.

Subject Matter Experts have identified recommended strategies for achieving these outcomes

In addition to the seven subcommittees, task groups of subject area experts began meeting in April 2006 to prepare recommended strategies for transformation. The TWG directed the task groups to identify potential strategies and approaches that would achieve the outcomes recommended by the subcommittees and approved by the TWG.

The task groups were charged with drawing on the most cutting edge research and practices to develop specific strategies for achieving the outcomes identified by the subcommittees. Where the subcommittees were focused by population groups, the task groups were defined by functional area:

1. Evidence-Based, Promising and Emerging Practices
2. Information Technology (IT) Systems
3. Fiscal Systems
4. Cultural Competence
5. Social Marketing
6. Evaluation

The task groups met intensively over a two-month period to develop principles and strategies for achieving the transformation outcomes established

by the TWG subcommittees earlier in the year. In considering the recommendations of the task groups, the TWG focused on the overarching principles and approaches, rather than focusing on specific individual strategies. This reflects an understanding among the TWG members that implementation activities will undoubtedly reveal unanticipated challenges, barriers, or sequencing issues. Additional strategies may need to be developed if gaps emerge, and limitations discovered during planning and implementation may require reprioritization or elimination of some strategies.

In Year 2 of the MHTP, the TWG will support efforts to translate these principles, strategies and desired outcomes into concrete action items. The TWG will provide support in the form of training, education and facilitation to ensure these transformative approaches are brought to fruition at all levels, from government policy and procedure, to clinical practice. MHTP funds cannot be used to provide services. They will be used to develop the transformation infrastructure necessary to pursue the 27 Recommendations of the subcommittees.

State Agency Strategic Plans Provide a Rich Environment to Begin the Implementation of the TWG's Transformation agenda.

Now that the transformation framework has been developed through the work of the subcommittees, task groups, and articulated within this CMHP, the TWG will shift its focus to planning and implementation. The TWG in itself cannot make this vision a reality. Instead, the TWG will encourage its implementation through education, training, facilitation and creating strategic partnerships with state agencies, educational institutions, and community organizations.

Transformation has already begun

Translating the results of the TWG's Year 1 efforts into on-the-ground changes has already begun. At the Governor's direction, Washington State agencies have completed an extensive strategic planning process. Agencies responsible for implementing mental health services included a number of strategies for implementing transformative services. Many of the agency strategic plans are being implemented in conjunction with and as a complement to the formal outcomes and strategies defined by the MHTP subcommittees and task groups. These strategic plans set forth the agencies' strategic goals for the coming years and, more

importantly, the objectives and specific strategies for achieving those goals. MHTP staff members have worked closely with agency staff to identify transformative strategies in those plans. Once identified, the MHTP resources can be applied to those areas that fit within the transformation framework articulated in this CMHP. Excerpts from the various strategic plans are incorporated in Washington's response to each Presidential Goal outlined in Chapter 1.

The Comprehensive Resource Inventory and Needs Assessment is Complete

The MHTP Evaluation Team has completed an exhaustive needs assessment and inventory of resources devoted to serving seriously mentally ill adults and seriously emotionally disturbed children and youth. This effort has deepened the initial resource inventory that was included with the grant proposal.

Information gathered from the inventory process will ultimately be assembled into a statewide mental health resource inventory database that will be updated annually. The annual summary will be provided to the Governor, the legislature and the Mental Health Planning and Advisory Council. The inventory will become more refined and useful over time and will become an integral element in the state budgetary and planning process.

The Needs Assessment component of this effort will be used to help shape the Washington State transformation effort on into the future. The results of this assessment draw a compelling picture about the need for transformative efforts to recreate a mental health system and environment that puts the consumer and families at the center. A more detailed discussion of the Resource Inventory and Needs Assessment is included in Chapter 5 and the full report is included as Appendix 2.